Coventry City Council

Agenda

Health and Social Care Scrutiny Board (5)

Time and Date
2.00 pm on Wednesday, 18th March, 2015

Place
Committee Rooms 2 and 3 - Council House

Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Minutes**

   (a) To agree the minutes of the meeting held on 11th February, 2015 (Pages 3 - 8)

   (b) Matters Arising

2.10 p.m.

4. **Developing a Primary Care System Fit for the Future** (Pages 9 - 20)

   Report of the Director of Public Health

   The following representatives have been invited to the meeting for the consideration of this item:
   Dr Ali Bryce, Coventry GP Alliance
   Dr Jamie Macpherson, Local Medical Committee
   Dr Peter O'Brien, Coventry and Rugby Clinical Commissioning Group

3.00 p.m.

5. **Coventry's Smokefree Strategy 2015-2020** (Pages 21 - 40)

   Briefing note and presentation of the Director of Public Health

3.40 p.m.

6. **Outstanding Issues Report**

   Outstanding issues have been picked up in the Work Programme

7. **Work Programme 2014-15** (Pages 41 - 48)

Report of the Scrutiny Co-ordinator

8. **Any other items of Public Business**

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

9. **Meeting Evaluation**

Private Business

Nil

Chris West, Executive Director, Resources, Council House Coventry

Tuesday, 10 March 2015

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Council House, Coventry, telephone 7683 3073, alternatively information about this meeting can be obtained from the following web link: http://moderngov.coventry.gov.uk

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 1.00 p.m. on 18th March, 2015 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors M Ali, K Caan (By Invitation), J Clifford, A Gingell (By Invitation), P Hetherton, D Howells, J Mutton, J O'Boyle, D Skinner, D Spurgeon, K Taylor and S Thomas (Chair)

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR it you would like this information in another format or language please contact us.

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Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 2.00 pm on Wednesday, 11 February 2015

Present:

Members: Councillor S Thomas (Chair)
Councillor M Ali
Councillor J Clifford
Councillor P Hetherton
Councillor D Howells
Councillor J Mutton
Councillor J O'Boyle
Councillor D Skinner

Co-Opted Member: Ms R Light

Other Member: Councillor A Gingell

Other Representatives: Sue Davies, Coventry and Rugby Clinical Commissioning Group (CCG)
David Eltringham, University Hospital Coventry and Warwickshire (UHCW)
Dr Colin Gelder, UHCW
Clare Hollingworth, Coventry and Rugby CCG
Michelle Horn, Coventry and Rugby CCG
Dr Paul O'Hare, UHCW
Councillor Maggie O'Rourke, Warwickshire County Council
Josie Spencer, Coventry and Warwickshire Partnership Trust
Nikkie Taylor, Coventry and Rugby CCG

Employees:
V De-Souza, Chief Executives Directorate
P Fahy, People Directorate
G Holmes, Resources Directorate
L Knight, Resources Directorate
J Moore, Chief Executive's Directorate
A West, Resources Directorate

Apologies: Councillor K Taylor

Public Business

51. **Declarations of Interest**

There were no disclosable pecuniary interests declared.

52. **Minutes**

The minutes of the meeting held on 7th January, 2015 were signed as a true record subject to the inclusion of Josie Spencer, Coventry and Warwickshire Partnership Trust in the attendance for the meeting.

Further to Minute 47 headed 'Towards Children and Young People's Emotional Health and Well-being – West Midlands Quality Review Service (WMQRS) Peer Review', the Board were informed that at their meeting on 12th February, 2015 the Education and Children's Services Scrutiny Board (2) would be considering a report on the Child and Adolescent Mental Health Service and would consider referrals from the Board concerning:
(i) The reduction in school based support to children and young people and their families at an early stage and
(ii) Emotional Health and Well-being Services for looked after children and other vulnerable groups.

53. **Winter Pressures in Coventry**

The Scrutiny Board considered briefing notes of the Scrutiny Co-ordinator and the Executive Director of People on the social care responses to winter pressures during 2014/15. The Board also received a presentation from David Eltringham, University Hospitals Coventry and Warwickshire (UHCW). The Board had also been provided with background information from the Local Medical Committee concerning winter pressures on General Practice. Councillor Maggie O'Rourke, Chair of the Adult Social Care and Health Overview and Scrutiny Committee, Warwickshire County Council, Sue Davies and Clare Hollingworth, Coventry and Rugby CCG and Josie Spencer, Coventry and Warwickshire Partnership Trust (CWPT), attended the meeting for the consideration of this issue. Councillor Gingell, Cabinet Member for Health and Adult Services also attended.

The presentation detailed the winter challenge for the hospital providing performance data on the four hour target for A and E; weekly and monthly A and E attendances; and details on monthly hospital discharges including performance information on delayed transfer of care patients. An analysis of the data revealed:

- An increase in attendances to A and E to March 2014 and sustained at this level
- An associated rise in admissions
- An increase in ambulance conveyances and a recent increase of over 65s to A and E and admissions implying an increase in frailty dependency, complexity and acuity
- A steady decline in discharges over time
- A significant rise in delayed transfer of care
- A significant rise in patients outlying their base ward.

The Board were informed that there had been no twelve hour trolley waits and no major incidents declared. Further information was provided on the actions being taken to reduce the attendance to admission rate and to increase the number of patients being discharged so reducing the delayed transfer of care cases.

The briefing note of the Executive Director of People set out the plans to address the local challenges which had been jointly developed across the partner agencies. Not all of the schemes would have an immediate impact. The Board

noted that the City Council had been awarded a grant allocation of £325,000 to implement actions to reduce delayed transfers of care.

The Board questioned the officer and representatives on a number of issues and responses were provided. Matters raised included:

- Clarification and further information about the performance statistics provided in the presentation
- The importance of partnership working between local authorities and the health organisations supporting both Coventry and Warwickshire
- The room in the system to be able to cope with a growing and aging population
- The importance of being proactive rather than reactive
- The patient capacity at the hospital and the potential for expansion
- Were the partner organisations managing as well as possible to get patients out of hospital and back into the community and were there any boundary issues which caused problems
- The importance of liaising with families prior to the discharge of patients with complex care packages
- The impact of 111 referrals and the inability to get GP appointments on the number of patients attending A and E
- Measures to address preventable health issues
- Details behind the newspaper headlines concerning bed blocking at the hospital
- Concerns about the ability to be able to cope with increasing numbers of elderly patients in future years in light of the large number of delayed transfers of care
- Concerns that the delayed discharges were a result of the Government reductions in local authority finance
- A concern about inappropriate referrals from the Walk-in Centre to A and E
- Further details about the care packages available in light of reduced resources and proposals to work with the voluntary sector including the issue of sustainability
- The need for partnership working and new models of community support

RESOLVED that:

(1) The presentation be noted.

(2) Officers be requested to give further consideration of funding transfer to social care settings and primary care to discourage hospital admissions and to encourage patient discharge from hospital.

(3) Further detailed information to be sent to all Board members on the following:
(i) The total annual patient capacity at University Hospital Coventry
(ii) The number of patients currently in hospital who are fit for discharge including the local authority area they live in.
(iii) The number of monthly calls to NHS111 including the number of referrals to A and E and the ambulance service.

54. **Clinical Management of Large Scale Chronic Diseases**

The Scrutiny Board considered a briefing note and received a presentation of the Director of Public Health concerning the clinical management of large scale chronic diseases. Councillor Maggie O'Rourke, Chair of the Adult Social Care and Health Overview and Scrutiny Committee, Warwickshire County Council, Dr Colin Gelder and Dr Paul O'Hare, University Hospital Coventry and Warwickshire (UHCW), Michelle Horn, Clare Hollingworth and Nikkie Taylor, Coventry and Rugby CCG and Josie Spencer Coventry and Warwickshire Partnership Trust (CWPT attended the meeting for the consideration of this item. Councillor Gingell, Cabinet Member for Health and Adult Services also attended.

The presentation informed of how pathways were being managed in primary care for a range of challenges. An explanation was provided about long term conditions which generally couldn't be cured so the focus was on slowing or stopping progression; preventing complications; minimising the impact on quality of life and supporting patients to lead fulfilling lives. Information was provided on national policy along with local initiatives. Local prevention included health training and weight management services; stop smoking service; NHS health checks; lifestyle services directory; and a single point of access. There were individual disease pathways for diabetes, chronic obstructive pulmonary disease, heart failure, dementia and strokes. The presentation concluded with information on proposals for future work.

The briefing note described the services being delivered in primary care to prevent the onset or progression of long term conditions currently commissioned by Public Health; explained the existing pathways designed to prevent progression and manage specific long-term conditions; detailed plans to transform existing long-term conditions pathways, focusing on areas were a move towards delivery of care in primary care setting was planned; and highlighted plans to provide more integrated, holistic care for patients with multiple long term conditions or frailty rather than focussing on individual conditions.

The Board questioned the officers and the representatives on a number of issues and responses were provided. Matters raised included:

- The difficulties of treating patients with complex needs in their own homes
- Feedback from pilot project developed at the hot house workshop which involved a three-tiered model of care supporting the frail elderly which was funded from the Better Care Fund
- The importance of the role of the voluntary sector
- The support available for patients and their families when they have been diagnosed with dementia
- An understanding of the financial implications in the local health economy, particularly in light of the cuts to local authority budgets
- The importance of being able to provide holistic support to patients with long term conditions enabling them to lead fulfilling lives
- What was being done to educate the public to prevent large scale chronic diseases developing
- Concerns that behavioural changes could lead to other problems developing, for example smoking cessation could lead to an increase in weight and subsequently the onset of diabetes

- The proposals for the support to be provided in the community
- The support available for GPs and nurses to enable them to support their patients with large scale chronic diseases including sharing good practice
- What was being done to improve the city's environment so reducing health problems
- Concerns about patients struggling to get GP appointments so their conditions get worse before they receive treatment
- The potential to triage patients in GP surgeries to determine who actually needs to see the GP and who can be seen by the practice nurse.

RESOLVED that:

(1) The presentation be noted.

(2) The services commissioned by both Public Health and the Coventry and Rugby CCG and delivered in primary care settings designed to prevent onset or progression of a number of different long term health conditions be noted, especially the planned changes to treatment pathways.

(3) The plans to provide more holistic, integrated care to those with multiple conditions and frailty be noted.

(4) Councillor Gingell, Cabinet Member for Health and Adult Services be requested to recommend future progress reports on the pilot projects for consideration by the Scrutiny Board as and when appropriate.

55. **Outstanding Issues Report**

The Scrutiny Board noted that all outstanding issues had been included in the Work Programme for the current year.

56. **Work Programme 2014-15**

The Scrutiny Board noted the Work Programme for 2014-15

57. **Any other items of Public Business**

There were no additional items of public business.

(Meeting closed at 4.50 pm)

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Coventry City Council

Report

To: Health and Social Care Scrutiny Board (5) **Date: 18 March 2015**

From: Professor Jane Moore

Subject: Developing a primary care system fit for the future

1 Executive Summary

Nationally and locally, primary care is operating in an increasingly challenging context. Rising patient expectations, an aging population, the rising prevalence of chronic disease and the emergence of new technologies are putting real pressure on the system. This is combined with a reduction in resources available in primary care and reduced recruitment to GP training schemes.

In order to ensure that primary care is able to adapt to these challenges, Coventry City Council, in partnership with Coventry and Rugby Clinical Commissioning Group (CCG), NHS England, Coventry Local Medical Committee (LMC), Healthwatch Coventry, Coventry Local Pharmaceutical Committee, local GPs and patient representatives have worked together to implement the recommendations from the Director of Public Health's 2014 Annual Report and to build a shared vision of primary care in Coventry to ensure the model of care is fit for the future.

There has been considerable progress across a number of areas. In order to keep people healthy, Public Health have continued to work with primary care to deliver lifestyle services, and have developed an online directory to provide an overview of community initiatives and lifestyle services within Coventry. To enable people to make the right choice, the Primary Care Quality Group are exploring asset based development approaches to encourage and empower people to have a greater role in managing their own health. In addition, Public Health have completed a pharmaceutical needs assessment to ensure pharmacy provision is adequate in the city and to ensure that people are enabled to access the appropriate service for their needs.

To improve collaboration and drive innovation in primary care, the Coventry GP Alliance was set up in 2014 by local GPs, with the vision of protecting, improving and enhancing primary care in the city, and to date over two thirds of the city population are covered by the member practices. In February 2015, Public Health, Coventry and Rugby CCG and Coventry LMC hosted a workshop, attended by representatives from across the primary care system to start building a shared vision of what the evolution of primary care might look like and achieve.

Future work will continue to build upon these areas, further developing this vision and continuing to celebrate and reward innovative practice at a GP award evening planned to take place in June. The Primary Care Quality Group will also work to address the challenges primary care faces, undertaking projects to improve GP recruitment and retention in the city, and empowering and enabling people to access community, lifestyle and pharmacy services as well as looking after themselves.

2 Purpose

In December 2014, the Director of Public Health published her Annual Report, *Primary Care at the heart of our health*. The recommendations in the report were aimed at celebrating the progress and achievements of primary care in Coventry, as well as looking to potential future developments to ensure that primary care can adapt to the challenges of the future.

Following the development and publication of the 2014 Annual Report, Coventry City Council, in partnership with Coventry and Rugby CCG NHS England, Coventry LMC, Healthwatch Coventry, Coventry Local Pharmaceutical Committee, local GPs and patient representatives have worked together to implement the recommendations from the report and to develop a vision of primary care in Coventry to ensure the model of care is fit for the future.

The purpose of this report is to provide an update to Health and Social Care Scrutiny Board (5) on the progress made against the recommendations of the Director of Public Health's 2014 Annual Report, inform Health and Social Care Scrutiny Board (5) of the vision created by the Coventry Primary Care Quality Group, GPs and patients, and invite Health and Social Care Scrutiny Bard (5) to view and comment on the proposed approach to take these recommendations and vision forward.

3 Recommendations

It is recommended that the Health and Social Care Scrutiny Board (5):

(i) Endorse the suggested approach for continuing to develop and improve primary care in Coventry

(ii) Contribute comments and suggestions to the vision for primary care in Coventry and the approach for future work

4 Background and context

4.1 The role of primary care

Primary care is often defined as the first point of contact between individuals and families with the health system. It encompasses a range of community based health professionals including GPs, nurses, pharmacists, therapists and dentists. General practice lies at the core of primary care and is positioned in the heart of communities.

As well as providing high quality care and encouraging people to make healthier choices, GPs act as advocates for patients and provide important links to services including housing, welfare and benefits advice, particularly for more vulnerable groups. GPs are positioned at the forefront of the interface between the health and social care systems enabling them to take a holistic approach to patient care.[i] By assessing a patient's physical, mental and social needs as well as individual health conditions, GPs are able to have a wider impact on people's lives.

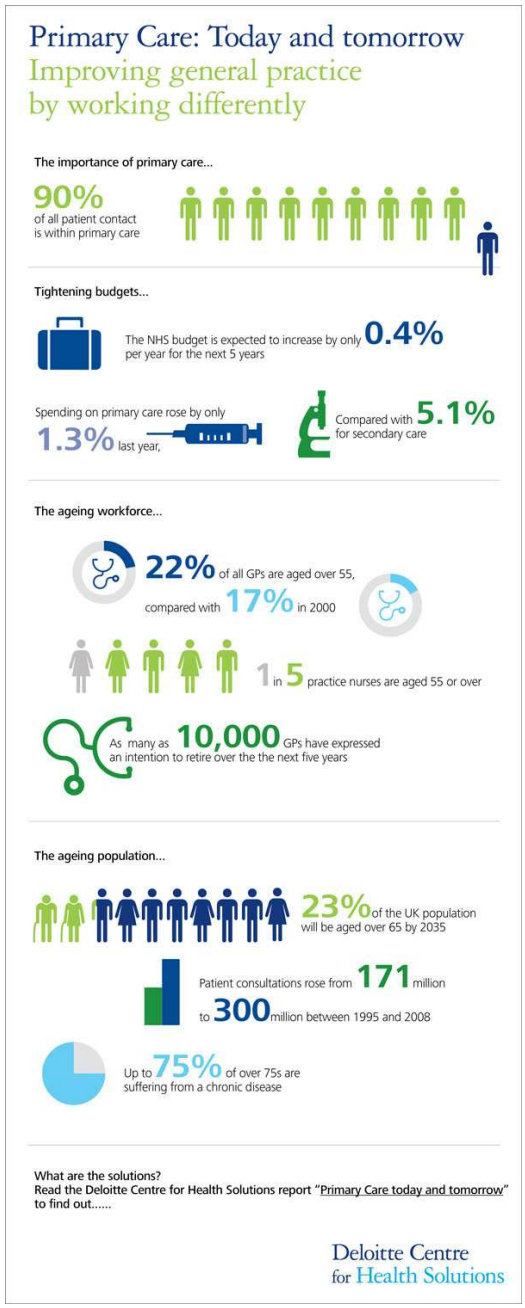
4.2 The challenging context

The ageing population has led to a greater burden of chronic diseases, many of which will be managed in primary care. This has increased demands on GPs' time not just in terms of seeing more patients, but in the average length of consultation time required for each patient.[iii] Consultations lasting at least 10 minutes are recognised as an indicator of quality in the GP Contract, but the British Medical Association argues that this is insufficient to manage the complex needs of many patients.[iv]

At the same time, the emphasis on patient-centred care and improving health literacy means that the doctor-patient relationship itself is changing. Patients are encouraged to be more involved in decisions about their care, and are more aware of the options available to them.[v] In addition, the increasing focus on mental health and wellbeing has further broadened the role of primary care services.[vi] Mental health consultations account for almost a quarter of all general practice consultations, and cost the health and social care system £21 billion a year. Evidence suggests that people who are living in poverty are more likely to have greater needs for mental health services, and that in addition, living with higher mental health needs can itself cause social disadvantage. Poor mental health outcomes are 2.5 times higher among those experiencing the greatest social disadvantage.[vii]

It has been claimed that inadequate capacity in general practice leads to unmet need and increased demand on other services such as Accident and Emergency (A&E) units and walk-in clinics.[viii] The gap between need and supply is thought to be increasing. However, perspectives of clinical urgency differ among health care providers and patients, with patients being more likely to view non-urgent conditions as being urgent, suggesting that there is a difference between 'need' and 'demand'.[ix] In addition, the outcomes measured by professionals and decision makers do not always reflect what patients feel they need from health care services.

Figure 1: Facts and figures on primary care[ii]



The way in which GPs are expected to work has changed. 25% of income now comes from pay-for-performance incentives, and the GP role has become broader and more complex. Demands on GPs are competing as well as increasing, and these additional demands reduce their availability for direct patient contact, creating difficulties in providing high quality care.

At the same time, resources available to primary care have decreased. Since 2009 there has been a 3% reduction in numbers of GPs; this is in part due to the fact that the proportion of NHS funding for general practice has decreased from 12% to 8.4%,[x] but also due to reduced recruitment to GP training schemes and increasing cohorts of GPs who are retiring. In addition, the age-gender balance in general practice is shifting, and women in their 30s are expected to make up the majority of the GP workforce by 2030. Given that women are more likely to work less

than full-time, a larger number of GPs will be needed. In Coventry, the number of GPs per head of the population is lower than the average for England and the proportion of GPs has not increased over time.[xi]

In addition, Coventry has higher levels of deprivation and poorer overall health than England as a whole. The population of the city is diverse, with a high proportion of residents from black and minority ethnic backgrounds, and 21% of all residents born outside the UK.[xii] There are over 100 languages spoken in Coventry, and nearly 9% of households do not have any person resident with English as their first language.[xiii] This creates a number of challenges for primary care in the city, such as the requirement for translation and interpretation services and the time taken for GP consultations. The high level of population churn in Coventry also creates challenges for primary care in building relationships and ensuring that patients are registered with a GP.[xiv]

Changes in both the volume and the nature of demand, patient expectations and available resources pose considerable challenges to primary care. In order to contribute to a reduction of health inequalities and an improvement in health outcomes in Coventry, primary care is faced with the challenge of adapting to these changes while also developing more innovative approaches to caring for patients.

The NHS Five Year Forward View, published on 23 October 2014, sets out a vision for the future of the NHS, arguing that there are viable options for sustaining and improving the NHS over the next five years. It has been developed by organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. The key priorities highlighted in the Forward View include radically upgrading prevention and public health, giving people greater control over their own care, removing barriers in how care is provided, supporting different care delivery options (for example, multispeciality community providers, combining primary care and acute care systems), integrating urgent and emergency care services, providing local flexibility and improving the ability of the NHS to undertake research and apply innovation.

At the same time, list based primary care will remain the foundation of NHS care. The Forward View recognises that there is a need for a 'new deal' for GPs. Over the next five years the NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years. GP-led Clinical Commissioning Groups will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services. The Forward View also identifies that the number of GPs in training needs to be increased as fast as possible, with new options to encourage retention.

4.3 **Improving primary care in Coventry**

Coventry's Joint Strategic Needs Assessment (JSNA) for 2012-13 identified prevention, partnership working and community engagement as cross-cutting themes in the initial priorities for the city's Health and Wellbeing Strategy. Reducing variation in general practice and tackling challenges in the wider systems which support and manage primary care as a whole were recognised as important factors in improving health outcomes in Coventry.[xv] This was also highlighted in a health and wellbeing peer challenge delivered at Coventry City Council in October 2013 as part of the Local Government Association's health and wellbeing system improvement programme. While feedback was positive overall there were some areas for improvement, including addressing variability in primary care quality.[xvi]

Overcoming the challenges affecting general practice and the system in which it operates while maximising opportunities to celebrate improvements and share innovation is the central focus of the Primary Care Quality Group, established in 2014. Members of the Primary Care Quality Group include Coventry City Council (represented by the Public Health department and the

People directorate), Coventry & Rugby Clinical Commissioning Group (CCG), the NHS England Area Team, Healthwatch Coventry, the Local Medical Committee, the Coventry GP Alliance and the Local Pharmaceutical Committee. The group is directly accountable to the Health and Wellbeing Board.

5 Progress to date

In 2014, the Primary Care Quality Group contributed to and commented on the Director of Public Health's 2014 Annual Report, *Primary Care at the heart of our health*. The eleven recommendations from the report were aimed at celebrating the progress and achievements in Coventry, as well as looking to potential future developments to ensure that primary care can adapt to the challenges of the future.

The recommendations were aimed at Public Health, patients, practices, commissioners and the wider care system, and focused on four key areas set out below: keeping people healthy, making the right choice, collaborative and innovative primary care and a health and social care system that supports good primary care.

5.1 Keeping people healthy

"Public Health should work with GPs and communities to continue to promote healthy lifestyles to ensure people stay healthier for longer."

Public Health commissions a number of lifestyle services, including Stop Smoking services and NHS Health Checks. Public Health commissions three general stop smoking services and a separate specialist service for pregnant smokers. Collectively, these services supported 3,006 smokers to quit within 4 weeks in 2014/15. Public Health is also piloting services to support people with mental health conditions and learning disabilities to reduce and quit smoking, is working with trading standards to investigate and seize illicit tobacco and prosecute its distributors, and is promoting smoke free areas, including school gates and playgrounds, and supporting University Hospitals Coventry and Warwickshire (UHCW) and Coventry and Warwickshire Partnership Trust (CWPT) to become smoke-free.

Public Health are also working with GPs to deliver NHS Health Checks to those aged 40-74 to prevent or delay the onset of diabetes, heart disease, kidney disease and strokes, and to keep people healthy for longer. The Health Check consists of both a risk assessment and risk management and reduction actions, which can include a referral, lifestyle advice, or clinical interventions. In 2013/14, 15,271 people were invited to attend a health check and of these 9,374 completed a health check. As a consequence, three per cent of those who completed health checks were identified as having a long term illness and were subsequently put onto a disease risk register with their GP.

"Public Health and GPs should work together to enable practices to better understand the population in their local areas."

Public Health have also developed an online directory to provide an overview of community initiatives and lifestyle services within Coventry, which can be used by GPs to refer people to an appropriate service easily and effectively, and can enable people to support themselves outside of the practice setting. The lifestyle directory was finalised in February 2015. Hard copies are being distributed to practices and the directory is also available online at www.coventry.gov.uk/lifestyleservices.

5.2 **Making the right choice**

"Patients should have a more active role themselves in managing their health."

Discussions at the Primary Care Quality Group on 22 January and at the Primary Care workshop on 10 February focused on ways to encourage patients to do more for themselves, through living a healthy lifestyle and using self-care methods and over-the-counter medicines where possible.

This approach aligns closely with Coventry's Asset-based Working Strategy, discussed at Health and Wellbeing Board and Scrutiny Board 5 earlier this year. The Asset-based Working Strategy sets out a vision for a new way of working with local people and communities, by empowering them to use and develop their own skills and potential to take control over their own lives. This approach reduces demand and pressure on services, and leads to improvements in health, as people who feel empowered and in control of their condition are likely to have better health outcomes than those who do not.

One example of where this has worked in a healthcare setting is the RIPPLE project, which aims to restore the health and wellbeing of individuals with chronic obstructive pulmonary disorder (COPD) using an asset based community development approach. The project was set up by a consultant at UHCW who recognized that many of his patients were seeking help from health services because they had become socially isolated. It enables and empowers individuals with COPD to be more active and involved both in society and in the self-management of their care. The project has increased and supported participation in community activities that patients want to do, with local voluntary sector groups helping people to find the right group or activity for them. Participants are seeing positive outcomes in their day to day lives, including improved social inclusion, general wellbeing and self-management, all of which highlight potentially significant healthcare savings.

In primary care settings, Age UK are encouraging GPs to refer to social navigators when their patients' needs are better served by a community asset than by medical treatment. Engagement with GPs and practices about what is wanted from directories and local assets is still on-going.

Adapting asset based approaches in primary care in Coventry, potentially through enabling and encouraging GPs to prescribe more social rather than medical interventions, and also encouraging and empowering individuals and communities to use self-care methods in the first instance, is being explored through discussions between the Active Citizens, Strong Communities lead and the Primary Care Quality Group. One area of consideration is better linking of GPs to their practice populations and communities, and using GPs as a community focus. This would require extra space, which would need to be taken account of in the future design of primary care buildings. Using patient groups differently and enabling better use of community pharmacies, discussed below, would also encourage people to be in control of their conditions.

"Patients should choose the most appropriate service for their needs."

Better use of pharmacies by patients in the first instance and ensuring pharmacy provision is adequate in the city will contribute to ensuring that patients are accessing appropriate services for their needs.

In February 2015, the Public Health department completed a pharmaceutical needs assessment for the period 2015-2019, which looked at where pharmacies and dispensing practices are located in Coventry, when they are open and what services they offer. The needs assessment found that there are 91 community pharmacies which offer a good provision of pharmaceutical services across Coventry. They are evenly distributed across the city with a higher concentration in the east of the city where population density is greater. In addition, pharmacies provide a good

range of services across the city. This not only includes essential services, such as furnishing prescriptions, but also advanced services such as medicines use reviews, and enhanced services such as emergency contraception.

The Primary Care Quality Group will provide strategic leadership to oversee the implementation of the recommendations from the Pharmaceutical Needs Assessment, which are as follows:

- Raise awareness of opening times, particularly evenings and weekends. Most people are aware that some pharmacies are open late into the evening, early in the morning, at weekends and bank holidays, but only half of those surveyed know where these are located.
- Work with pharmacies to increase awareness of pharmacy services. This would help services to be used more effectively and contribute to the improvement of the health of the local population.
- Increase uptake of enhanced services including the Not Dispensed service, the TB medication supervision service and minor ailments scheme by pharmacy contractors. In particular, better use of the minor ailments scheme would contribute to reducing unnecessary A&E and / or GP attendance.
- Focus on managing the interface between community, hospital and tertiary care to reduce the risk associated with medicines.
- Develop services to support specific diseases appropriate to the needs of Coventry patients.

"Patients should be involved in co-designing services"

In February 2015, Healthwatch Coventry published a report, 'GP quality in Coventry: what is important to local people and recommendations for action'. The aims of the work were to enable the views of local people to influence the future vision of primary care in Coventry and to help define a bench mark for good quality GP services in the city.

Healthwatch Coventry undertook two surveys and four focus groups in order to gather the views of 277 local people about what they would like from GP services, peoples' experiences of using the Walk In Centre, and what constitutes good practice. Meetings were also held with a sample of GP practice managers and visits made to the Walk In Centre. The surveys were available to the whole city and the focus groups and conversations with practice managers were focused on Foleshill and Henley wards, which are areas where Public health indicators show less favourable outcomes for local people.

The report found that people valued their GP practice being close to their home, and that people preferred to travel to their GP practice on foot. For a routine matter, most people would prefer to wait and see a GP of choice at their practice, and for an urgent matter when people could not see their GP they would prefer to have a phone conversation with their GP or see a practice nurse. Other elements which were considered to be important for good quality GP care related to access to appointments, requests for longer consultations, improvements to disabled access, more health checks, the need for more GPs and the importance of continuity of care and the doctor-patient relationship.

In addition, the Walk in Centre was found to be used by people who hadn't been able to get a GP appointment, felt they had to wait too long for a GP appointment, did not have a local GP or felt, based on previous experience, that it was easier to use the Walk in Centre than see their GP. 53% thought the service at the Walk In Centre was 'good' and 15% that it was 'very good'. The two most frequently suggested improvements were for reduced waiting times and/or for more information about waiting times and position in the queue.

Based on the findings of their report, Healthwatch have produced a statement of 'what a good quality GP service looks like', which contains statements in relation to access, staff, information, raising issues and patient engagement that the people surveyed by Healthwatch considered to be important for their GP service. The Healthwatch report also contains suggestions to improve engagement with patients to ensure their feedback and comments are considered when services are designed. Eight patient representatives attended the primary care workshop, co-hosted by Coventry City Council, Coventry Local Medical Committee and Coventry and Rugby CCG on 10th February 2015 to contribute their views to the vision of primary care that was developed.

5.3 **Collaborative and innovative primary care**

"General practice should be open and accessible"

Healthwatch Coventry's report also identified that 93.6% of respondents to their surveys felt that reception staff were very important to their GP practice, and the most frequently used words to describe the characteristics of good reception staff were: 'approachable', 'respectful', 'helpful', 'caring', 'friendly', 'sensitive', 'considerate', 'calm' and 'patient'. In addition, 67% of respondents did not know whether or not their practice had a patient group.

Healthwatch Coventry identified the need for additional training for receptionist staff, particularly in customer service, as the skills and qualities of receptionists are vital to ensuring that patients feel able to access care when they need to. Receptionist training has taken place in Inspires locality, and Coventry and Rugby CCG is now looking to train receptionists in Godiva practices.

"Practices should collaborate and share learning"

The 2014 DPH Annual Report highlighted innovative examples where primary care provides not only diagnosis, referral and treatment services but influences the wider health and social care system. Working together through networks can facilitate an extended range of services, a greater focus on population health management and increased investment in IT and other technologies. In order to improve primary care and health in the city, there has been a drive to encourage smaller practices to work together in larger groupings to collaborate and share learning.

The Coventry GP Alliance was set up in 2014 by local GPs with the vision of protecting, improving and enhancing primary care in the city. At present the Alliance is a formed Ltd company with shareholder member practices. To date over two thirds of the city population are covered by the member practices, and the vision of the Alliance is to be fully inclusive with all practices in Coventry and eventually Rugby achieving membership.

The Alliance is an umbrella company with the aim to provide services and support to all its member practices. It also has a function as a local provider organisation. An additional aim of the federation is to assist in bringing together primary and social care to provide a more integrated service. The Alliance is working working closely with other health providers to provide support and services for member practices, and has developed close relationships with Coventry City Council, Coventry LMC, Public Health, CWPT and UHCW. The Alliance are also working towards shared projects with alternative medical and social care providers such as Macmillan Cancer and Age UK.

In September 2014, the Prime Minister announced a £100 million Challenge Fund to help improve access to general practice and stimulate innovative new ways of providing primary care services in 2015/16. In January 2015, the Coventry GP Alliance submitted a bid for the Prime Minister's

Challenge Fund (PMCF), 'Best Care, Anywhere: Integrating primary care in Coventry'. Patient engagement event outcomes identified access and frailty as concerns for primary care.

The vision for the bid is to provide an integrated solution, improving primary care access and ensuring continuity of care through integrated pathways, a shared and new primary care workforce and interconnecting technology between patients and clinicians. This will be achieved through establishing three linked, high impact primary care schemes integrating into existing services:

- Scheme 1: Extended hours hub: Single hub offering week-day (4-8pm) urgent appointments and weekend routine appointments (for hard to reach patients).
- Scheme 2: Primary care frailty team: Primary care team determining discharge and care planning for frail patients and managing them in proactive, community based primary care.
- Scheme 3: GP in ED: Disciplined, primary care team in ED treating ED minors in an efficient, direct primary care model, freeing ED capacity.

The Coventry GP Alliance will be informed in March 2015 about whether the bid has been successful.

Other mechanisms to share innovative practice and celebrate success are also being introduced in Coventry. In previous years a GP award evening has been held by the Inspires Locality, with awards for improvements or innovative practice in a number of key areas, including healthy lifestyles. This year a proposal has been developed for a Coventry-wide GP award evening, which will be held on 4 June 2015. This will ensure that good performance and innovative approaches are rewarded and encouraged and will ensure that these approaches and their results and benefits are shared throughout Coventry.

5.4 **A health and social care system that supports good primary care**

"A workshop should be organised to consider the future configuration of general practice in the city to ensure that services are fit for purpose in the future."

On 10 February 2015, Coventry City Council's Public Health department co-hosted a workshop with Coventry and Rugby CCG and Coventry LMC to develop a vision for primary care in Coventry. The workshop was designed to be the first part of a process of building a shared vision of what the evolution of primary care might look like and achieve, and was an opportunity to explore the role of primary care and what it should deliver for patients. The workshop focused on setting aspirations for primary care, focusing on what primary care should and could be like, and concentrating on outcomes for patients.
The workshop was facilitated by PCC (Primary Care Commissioning) and brought together patient representatives, GPs, Healthwatch, the Local Pharmaceutical Committee, Coventry City Council, NHS England, Coventry LMC, representatives from the voluntary sector and Coventry and Rugby CCG. The individuals discussed three key questions in groups that had different perspectives; the patient, from within primary care, and from the perspective of the wider care system. The three key questions were:

- What is primary care?
- What are the strengths of primary care?
- How could primary care be different in five years?

The overall vision for primary care that was developed at the workshop is as follows:

- Primary care will be the coordinated hub of all care; physical, medical, psychological and social
- Primary care will be trusted by patients, public and all other parts of the system.
- Primary care will be focused on the overall management of the health and wellbeing of its population
- There will be no such thing as secondary care, just coordinated systems of care
- Access to services will be simple and reflect different patient types, cohorts and need
- Access to care will make the best use of safe and secure methods, media and technology
- Primary care will work in partnership with patients and carers to empower them to make decisions about their health, wellbeing and the outcomes that can be achieved
- There will be a single patient record and patient determined care plan that the whole system will adhere to
- Primary care will provide simple trusted access to advice, guidance and support that reflects the patient, populations and need at a given time
- Patients will be able to achieve consistent outcomes through models that meet the needs of the local populations
- The delivery of care will make the most use of the existing health, social and care estate and any investment will be to achieve better outcomes for patients
- Care will be provided by teams of clinical and non-clinical professionals to deliver the right outcomes for the right patient/ cohorts/populations
- Primary care in Coventry will be an attractive place to work
- Care will be contracted in ways that enable continual improvement in the outcomes of patients within resource available to ensure

The workshop is the first of a potential series of workshops to consider the future configuration of primary care in the city to ensure that services are fit for purpose in the future. A potential further workshop would aim to gather the views of younger GPs, as the Primary Care Quality Group aims to increase recruitment and improve retention of GPs and other primary care staff in Coventry.

Barriers to increasing recruitment and improving retention of GPs and other primary care staff in Coventry include the lack of an overall view of where vacancies are, and where attrition is coming from in the city, a lack of funds for returners to general practice and difficulties maintaining competencies for re validation and negative coverage of general practice in the media. The Primary Care Quality Group is undertaking four pieces of work to help address these challenges:

- Research and analysis on numbers of primary care staff starting and leaving, and where they are coming from, and compilation of existing work to increase recruitment and improve retention
- Ongoing work to develop new models of primary care in the city (outlined elsewhere in this report) which will help to make general practice and Coventry more attractive to potential recruits
- Development of a recruitment toolkit to provide expertise to GP practices to ensure staff are being recruited in the most effective way
- Increased marketing to counter the negative media coverage of GPs, and the development of a video which will be shown at the GP awards evening to promote being a GP in Coventry.

“Mechanisms to celebrate and share success should be continued.”

In order to ensure that good performance and innovative approaches are rewarded and encouraged, and that these approaches and their results and benefits are shared throughout Coventry, a GP award evening has been held in previous years by the Inspires locality. Awards

have been given for improvements or innovative practice in a number of key areas, including healthy lifestyles.

This year a proposal for a further Coventry-wide GP award evening is being developed, with a provisional date of 4th June.

"Communication materials should be developed to engage with and inform the public."

Healthwatch Coventry's Report 'GP Quality: what is important to patients' recommended the development of support for GP practices to develop good quality practice leaflets with consistent up to date information about access out of hours services, and how to raise complaints. As part of the work to incorporate asset based development approaches to primary care outlined in section 4.2 above, work will focus on the best ways to ensure that the roles and responsibilities of both patients and GPs are clarified and communicated.

"Commissioners should continue to provide feedback and support to practices that are the most challenged."

In May 2014, NHS England invited clinical commissioning groups (CCGs) to come forward with expressions of interest to take on an increased role in the commissioning of primary care services. The intention was to empower and enable CCGs to improve primary care services locally for the benefit of patients and local communities.

Primary care co-commissioning is one of a series of changes set out in the NHS Five Year Forward View. Co-commissioning is a key enabler in developing seamless, integrated out-of-hospital services based around the needs of local populations. It will also drive the development of new models of care such as multispecialty community providers and primary and acute care systems.

Co-commissioning could potentially lead to a range of benefits for the public and patients, including:

- Improved access to primary care and wider out-of-hospitals services, with more services available closer to home;
- High quality out-of-hospitals care;
- Improved health outcomes, equity of access, reduced inequalities; and
- A better patient experience through more joined up services.

There has been a strong response from CCGs wishing to assume co-commissioning responsibilities and there are three models CCGs could take forward:

- Greater involvement in primary care decision making;
- Joint commissioning arrangement; or
- Delegated commissioning arrangement.

Coventry and Rugby CCG have elected for greater involvement in primary care decision making (level one) for the next 12 months. This does not enable decision making on GP contracts and so does not present any conflicts of interest. Coventry and Rugby CCG may look to assume a greater level of responsibility after 12 months, when primary care in Coventry will have taken on a form which is more sustainable for the future.

NHS England and Coventry and Rugby CCG have developed mechanisms to monitor and manage GP practices in Coventry, to identify practices that are not performing as expected to enable practices to improve, and to highlight areas where practices are doing well. An evaluation of these mechanisms is planned to take place in 2015 to highlight whether this current process is effective.

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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 18th March, 2015

Subject
Coventry's Smokefree Strategy 2015-2020

1 Purpose of the Note

1.1 The purpose of this briefing note is to introduce the proposed Smokefree strategy for the city.

2 Recommendations

2.1 Scrutiny Board 5 is recommended to discuss and make any relevant recommendations in respect of the proposed Smokefree Strategy.

Information/Background

2.2 Smoking kills half of all long term users. It is the single biggest cause of preventable death in the country and is directly responsible for almost 80,000 deaths in England – including approximately 400 deaths in Coventry - every year. From our Household survey data, it is estimated that the proportion of adults who smoke has fallen from 27% in 2009 to 22% in 2013. According to national data, Coventry's smoking prevalence is the same as the national average.

2.3 This document supports the national strategy, 'A Smokefree Future'. Many of the national objectives and actions will support us locally to make changes, such as affordability of tobacco products, plain packaging and national campaigns such as Stoptober and No Smoking Day.

2.4 Recognising that reducing the harms caused by smoking cannot be achieved by any one agency alone; Coventry's Smokefree Alliance provides a partnership forum to initiative, coordinate and develop a coherent approach for Coventry. The Alliance meets quarterly, chaired by Councillor Joseph Clifford, and includes representation from Coventry City Council (Public Health, Regulatory Services, Occupational Health), West Midlands Fire Service, Coventry and Warwickshire Partnership Trust, University Hospitals Coventry and Warwickshire, British Lung Foundation, commissioned Stop Smoking Providers, school nursing, the Coventry and Rugby Clinical Commissioning Group and Age UK.

2.5 Coventry had a Smokefree Strategy which ran 2010-2013. Coventry's Smokefree Alliance has consisted of a strong group of partners since 2010 that together, has produced many achievements. Some of these include:

- A strong and committed partnership approach to addressing the harms caused by tobacco
- Increased numbers of people stopping smoking with the help of commissioned services. Between 2010/11 and 2012/13, numbers of people accessing services went from just under 2500 to 3355. In a report published in 2013, 41% of those accessing the stop smoking services had stayed quit 12 months later. Those whose 12 week status was 'quit' were approximately two and a half times more likely to still be quit than those whose 12 week status was 'not yet quit' (50% compared to 18%). This indicates that those who can quit smoking for 12 weeks are more likely to stay quit.
- At least 75% of all service users are from targeting groups (areas of deprivation, under 25yrs, sensory impairment, manual occupation, mental health condition, unemployed or BME).
- High levels of compliance with regulations governing the sale of tobacco products and smoking in enclosed public areas
- Improved awareness of shisha as a tobacco product. Key messages included the harm it can do to pregnant women, the number of cigarettes smoked it equates to and how sharing mouthpieces can spread diseases. The campaign included displaying information on taxis, engaging with clinicians, children's centres, dentists, using radio adverts and local news interviews.
- The creation of Smokefree areas i.e. school gates, playgrounds, early years settings and UHCW hospital site in Walsgrave
- A reduction in the proportion of pregnant mothers who smoke – down from 15% to 13% (between 2010/11 and 2013/14)
- Seizure of £470,000 of illicit tobacco (2010-14) and 25 related prosecutions (2012-14).

2.6 Some key challenges we face include:

- Access to target audience from cultural or social barriers
- Workplaces not supporting the smoke free agenda
- Influential people (health visitors, midwives etc.) not feeling confident in signposting to services or how to give a brief intervention
- Uncertainties with information on the health effects of electronic cigarettes/vaporisers
- Changing behaviours where smoking is seen as normal within families and communities

2.7 Smoking prevalence is gradually decreasing. This has only happened due to continued work from national and local groups and will only keep reducing with further work. There are still groups who have much higher levels of smoking, such as people with mental health conditions. As a result these people are statistically likely to die 20 years younger than those with good mental health who do not smoke. This is a health inequality we will not allow to continue

2.8 In 2014, the Smokefree Alliance underwent a peer assessment, using the CleaR assessment (Challenge, Leadership, Results) facilitated Action on Smoking and Health (ASH). This assessment was very positive about many areas, including the current strong links with local partners. Areas for development included a need to continue high profile work on the importance of the Smokefree agenda, to prevent tobacco fatigue, and leadership from local clinicians.

2.9 The findings of the CLeaR assessment has been used to draft and the new Smokefree Strategy. This has been performed in partnership with everyone in the Smokefree Alliance. A workshop was help in December for everyone to discuss key themes of the next strategy. From this a draft was written which was circulated amongst Alliance members to make comments, and discussed at an Alliance meeting in early March.

2.10 The main aim of the strategy is to bring us closer to achieving <5% smoking prevalence in the city. This is in line with national goals which would see this level as achieving a 'Smokefree' country. The full strategy is listed in the appendix.

2.11 The key priorities of the proposed strategy are to:

- Promote non-smoking as the social norm in Coventry
- Help more tobacco users to quit
- Protect priority groups from smoking-related harm – pregnant women, children, people with mental health conditions, people with long term conditions
- Effectively respond to smoking-related behaviours such as vaping and using Shisha
- Provide leadership of the local tobacco agenda and develop a workforce confident and competent to help reduce the harms of smoking

2.12 The Smokefree Alliance is developing an Action Plan to deliver the ambitions set out in the strategy.

2.13 The Smokefree Alliance will lead the delivery of the strategy and will ultimately be accountable to the Health and Wellbeing Board.

Naomi Brook, Public Health (Chief Executives), 02476833074.

Appendix

Coventry's
Smokefree Strategy

2015 – 2020

DRAFT

2015

Contents

3 Foreword

Over the last decade, great strides have been made towards reducing smoking rates within our society. The Smokefree legislation has removed smoking in almost all enclosed public spaces, the age of sale for tobacco has been increased from 16 to 18 years and there are now wide ranging bans on almost all aspects of tobacco advertising as well as Smokefree cars and plain packaging being on the horizon.

Locally, the positive work of Coventry's Smokefree Alliance, a partnership of public and private organisations, has played a vital role in the drive to reduce smoking prevalence across our city.

However, while smoking continues to claim the lives of 1 in 6 of all Coventry residents, the drive to create a Smokefree city is as important as it has ever been.

The enormous detrimental effect of tobacco on people's health, coupled with the devastating impact on their families, is why I have always been a staunch advocate of tobacco control throughout my time as a local councillor.

With the publication of Coventry's new Smokefree strategy we have a renewed vision, a clear direction and the mandate to move forward to keep up our determination to ensure people of Coventry make information decisions about using tobacco products. We cannot afford to be complacent; we must continue to build upon the successes of the last 10 years and work together to reduce the number of people who smoke in Coventry.

Delivering the objectives set out in this strategy will help us fulfil our vision a of Smokefree Coventry, where our communities, homes, cars and workplaces are free from the harms of tobacco and where all our local residents lead healthier and longer lives.

Councillor Joseph Clifford

Chair of Coventry's Smokefree Alliance

March 2015

4 Introduction - A Smokefree Vision for Coventry

4.1 *The impact of smoking*

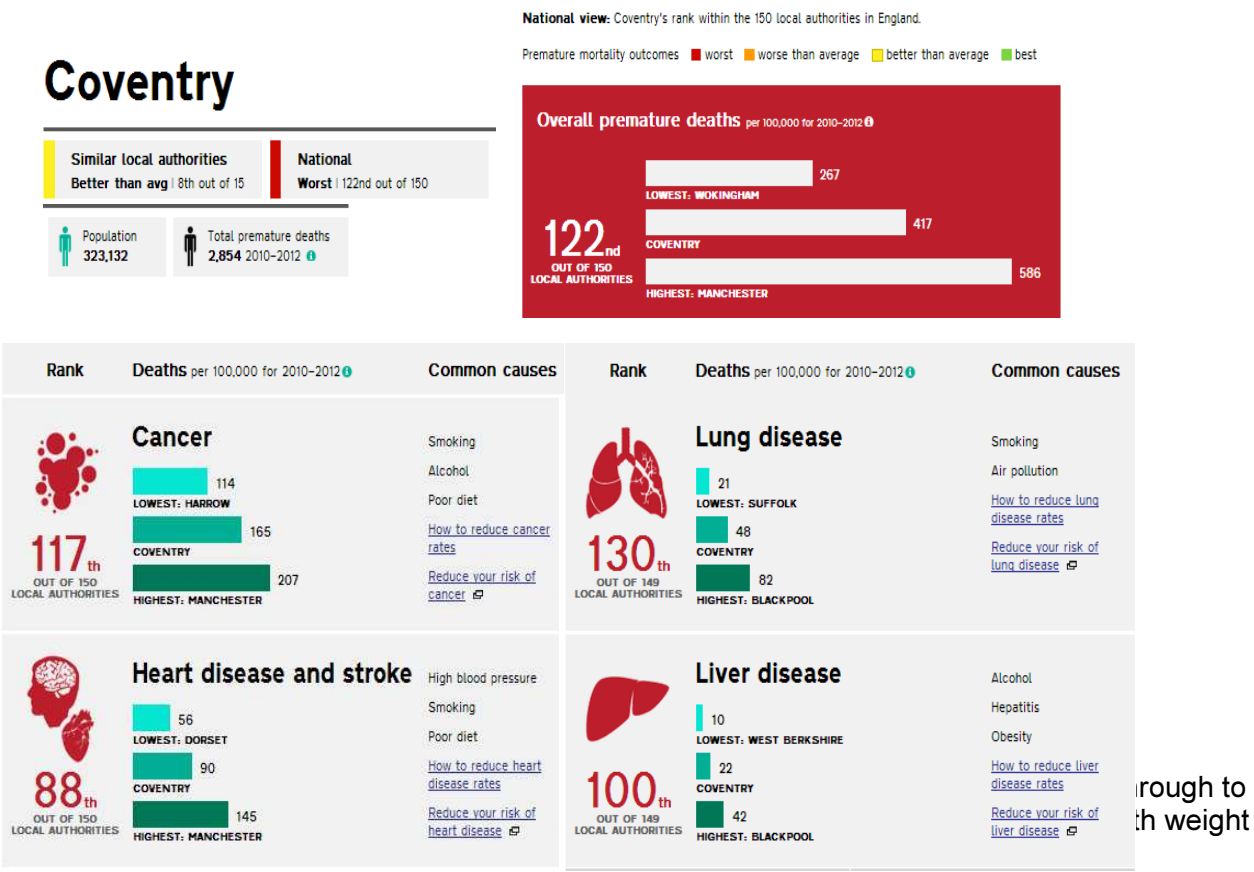
Smoking kills half of all long term users. It is the single biggest cause of preventable death in the country and is directly responsible for almost 80,000 deaths in England – including approximately 400 deaths in Coventry - every year.

Lifestyle behaviours – whether we smoke, are overweight or drink alcohol, for example – are the single biggest determinants of our health. Of these behaviours, smoking is responsible for more illness and mortality than all others by causing a significant proportion of cancers, respiratory conditions and cardiovascular diseases.

In England in 2012 there were approximately 1.5 million hospital admissions and 79,100 deaths from smoking related diseases. It is estimated that the current campaigns around tobacco awareness and the stop smoking services are currently saving the country £380 million per year. [i]

The National Institute for Health and Clinical Excellence (NICE) has concluded that reducing the prevalence of smoking among people in routine and manual workers, minority ethnic groups and some disadvantaged communities will help reduce health inequalities more than any other measure to improve the public's health.[ii]

Smoking is also the biggest cause of inequalities in death rates between rich and poor in the UK. Coventry - as an area of greater relative deprivation within the country - suffers disproportionally from the effects of smoking. The chart below shows the health burden of the four largest causes of mortality in Coventry. Similarly, the health burden of smoking within Coventry is concentrated among our more deprived communities.



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The economic impact of smoking is also significant. On average smokers take eight days more sick leave a year than non-smokers and have a higher chance of early retirement due to permanent disability. Smoking breaks cost businesses an estimated five billion pounds per year. [iii]

4.2 *Who smokes in Coventry?*

The number of people smoking is falling. Both national data and local household survey data report this, with figures being slightly different. For local data, it is estimated that the proportion of adults who smoke has fallen from 27% in 2009 to 22% in 2013 (Coventry Household Survey). In real terms this means that there are now 60,000 smokers in the City.

In Coventry, Smokers are more likely to be:

- Living in the most deprived neighbourhoods (33% of adults smoke who live in the 10% most deprived neighbourhoods)
- Male (26% of males smoke)
- Non-BMEs (25% of non-BME populations smoke)
- Unemployed but economically active (46% of unemployed people smoke)
- Living in social housing (40% of adults living in social housing smoke)

Not only are fewer people smoking, but those who do smoke seem to be smoking less. One in 20 smokers smoke more than 25 cigarettes daily – a rate which has remained static over the last 4 years, however, the number who smoke between 15-24 cigarettes has fallen considerably and those smoking between 5-14 daily has increased.

The vast majority of smokers started using tobacco in their teenage years; indeed, national research indicates that 80% of smokers started smoking before reaching the age of 16.

4.3

4.4 *Achievements*

Coventry's Tobacco Control Strategy 2010-2013 and the work of the Coventry Smokefree Alliance has demonstrated significant achievements in recent years, including:

- A strong and committed partnership approach to addressing the harms caused by tobacco
- Increased numbers of people stopping smoking with the help of commissioned services
- High levels of compliance with regulations governing the sale of tobacco products and smoking in enclosed public areas
- Improved awareness of shisha as a tobacco product
- The creation of Smokefree areas i.e. school gates, playgrounds, early years settings and UHCW hospital site in Walsgrave
- A reduction in the proportion of pregnant mothers who smoke – down from 15% to 13% (between 2010/11 and 2013/14)
- Seizure of £470,000 of illicit tobacco (2010-14) and 25 related prosecutions (2012-14).

In 2014, the Smokefree Alliance participated in a peer-led assessment to inform future development and priorities. This assessment endorsed the Alliance's achievements and demonstrated an in-depth understanding at a senior level that comprehensive tobacco control measures are key to achieving the strategic priorities of reducing the health inequality gap, giving children a better start and helping people to live healthier and longer lives.

This assessment also identified the following issues:

- A need for greater engagement with (and from) the Clinical Commissioning Group (CCG) and clinicians, especially in the commissioning of services
- "Tobacco fatigue" is an issue amongst health care professionals who work with the more vulnerable groups and innovative ways of reaching these smokers needs to be developed and stronger support offered to those staff working with them.
- A need for a revised, co-ordinated tobacco control communications plan for Coventry, including improved use of social media
- That while smoking prevalence in Coventry has fallen substantially over the last decade, smoking rates remains high amongst the more deprived socio-economic groups. Specific interventions targeting this group will be needed in order to reduce smoking prevalence amongst routine and manual smokers.

4.5 *Our Vision*

Our vision is to strive for a Smokefree future for Coventry; where our communities, homes, cars and workplaces are free from the harms of tobacco and where people lead healthier and longer lives.

We aim to reduce smoking prevalence to 14% by 2020 and less than 5% by 2035.

4.6 *Objectives*

To deliver this vision our key objectives will be to:

1. Promote non-smoking as the social norm in Coventry
2. Helping tobacco users to quit
3. Protect priority groups from smoking-related harm
4. Supporting reduction in smoking-related behaviours such as vaping and using Shisha
5. Provide leadership of the local tobacco agenda and develop a workforce confident and competent to help reduce the harms of smoking

With all of these objectives, use of effective communication with the public around smoking related behaviours will be essential.

4.7 *Alignment with other Strategies*

In developing our strategy we have sought to align our objectives and principles with key national, regional and local strategies and targets, as well as the latest research on tobacco control.

This strategy contributes to Coventry City Council's overarching plan to *improve the health and wellbeing of local residents by helping them achieve healthier lifestyles* and *reducing health inequalities by giving our children the best start in life*.

Our strategy also considers:

- A Smokefree Future: A Comprehensive Tobacco Control Strategy for England (2010)
- The Coventry Sustainable Community Strategy: The Next 20 Years 2008 - 2028 (2008)
- Beyond Smoking Kills (2008) – new report due out June 2015

- Excellence in tobacco control: 10 High Impact Changes to achieve tobacco control (2008)
- Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities (2008)
- ‘Stop For Life’: Smoking Insight Research (2009)
- ‘Clear’ assessment report for Coventry (2014)
- Local Stop Smoking Services, service and delivery guidance 2014 (NCSCT, PHE)

1. Promoting non-smoking as the social norm in Coventry

In summary, we will:

- Build on the success of 'Smokefree areas'
- Support the NHS and other partners to implement Smokefree locations in line with guidance and best practice
- Prepare for, and fully implement, all Smokefree legislation
- Smokefree cars legislation
- Continue to evaluate interventions

Within the time of the previous strategy, several initiatives to develop Smokefree areas were implemented. These included Millennium Place during the 2012 Olympics, all primary school gates, nurseries and park playgrounds. It is essential that these are evaluated to assess how they may be built upon to improve their Smokefree status, and transfer the learning to other areas interested in becoming Smokefree. So far this has been done by surveying people at school gates, playgrounds and head teachers with overall positive results for continuing the work.

On January 1st 2015, UHCW hospital became a Smokefree site. The Smokefree Alliance will continue to support staff there to continue this status. Initial results show a dramatic increase in staff and patients stopping or reducing their smoking. This initiative has been implemented with reference to the NICE guidance on smoking cessation in secondary care[iv]

We will develop a 'Smokefree Awards' initiative to recognise the work of partners and individuals to help make non-smoking the social norm and encourage more areas to become Smokefree.

Government legislation making it law for private vehicles to be Smokefree when carrying children will come into effect in October 2015. This will support the aim to prevent children from taking up smoking as well as reducing their exposure to second hand smoke. Coventry's Smokefree Alliance will support this legislation, ensure compliance and communicate the effects to the population. We will also open new channels of communication with the police to ensure information on this will be carried locally is clear and effective.

Display regulations around tobacco products in shops came into force for large shops in April 2012. This will be extended to cover all shops from 6 April 2015. The Smokefree Alliance will continue to work closely with colleagues in trading standards to ensure this legislation is adhered to.

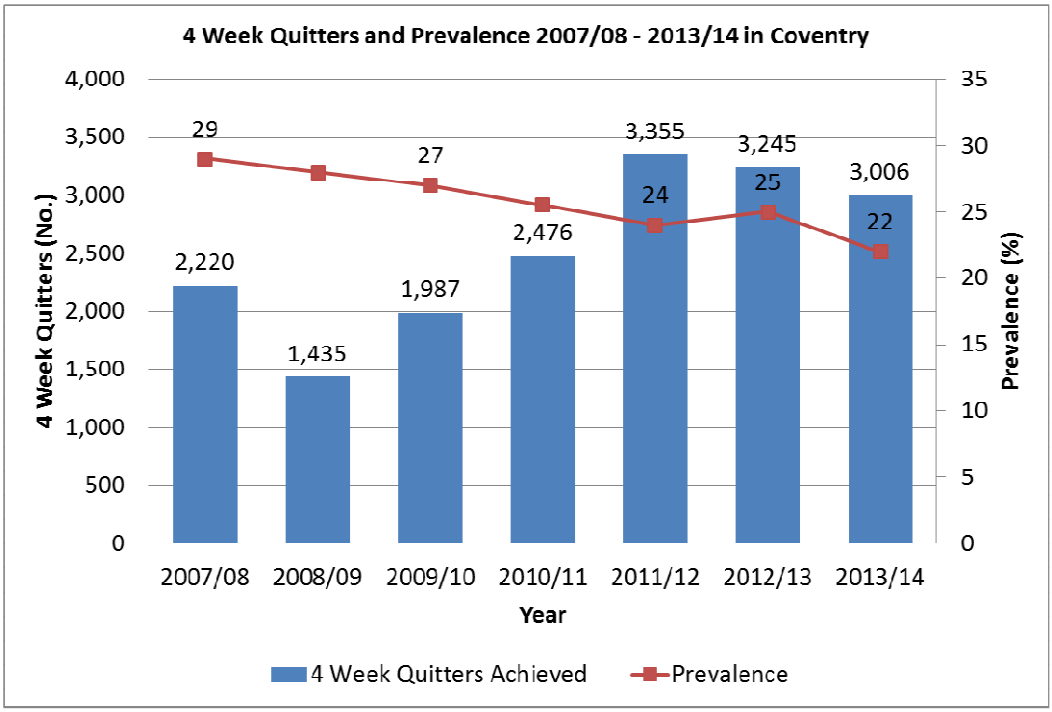
The price of smoking has risen at above-inflation rates for many years, making it more expensive. This has resulted in the growth in the trade of illicit tobacco; we will work proactively with partners including Trading Standards and the Police to reduce the availability of illicit tobacco products.

2. Helping tobacco users to quit

In summary, we will:

- Continue to offer easily accessible and high quality Stop Smoking Services
- Commission stop smoking services which provide a greater focus on longer term outcomes – the current emphasis on achieving 4-week quits will be extended to the achievement of 12-week quits
- Commission specialist support for pregnant smokers and people with mental health conditions who smoke. These services may provide a wider range of interventions, including the promotion of harm reduction and more support for parents and carers
- Monitor our services to ensure high quality delivery
- Review services in light of emerging evidence and guidance

Most smokers want to quit. Helping smokers kick the habit is one of the most effective health interventions available. Coventry stop smoking services have assisted in more than 15,000 successful quit attempts in the last 7 years. The below graph shows the number of 4-week quits achieved annually, plotted against each year smoking prevalence rate.



Most quit attempts involve people trying to stop smoking by themselves, although there is strong evidence demonstrating that people quitting with the help of specialist services are four times more likely to be successful.

Increasingly, people are using e-cigarettes as a tool to aid their quit attempt. The long term effectiveness of e-cigarettes in supporting permanent cessation of tobacco smoking is as yet unknown.

Currently, Stop Smoking services for the general population are widely available across the city, and can be accessed at more than 100 delivery points around the city, including GPs, pharmacists and other settings. We will continue to commission high quality, easily accessible stop smoking services at key locations in the city.

Stop Smoking Services are commissioned in Coventry on a tariff system - rewarding providers for each smoker they help achieve a 4-week quit. Nationally and locally, around half of smokers who set a quit date go on to be abstinent at 4 weeks, and around half of those progress to be Smokefree three months after their quit date. We recognise that recovery from any addiction represents a journey punctuated by steps forward and relapse and we will commission Stop Smoking Services to improve longer term quit rates.

To support the reduction of health inequalities in the city, our services will be focussed towards those populations experiencing greater deprivation, in addition to routine and manual workers, among whom smoking prevalence is greater.

Pregnant smokers and people with mental health conditions who smoke require additional support, often delivered in partnership with other agencies. We will use different commissioning arrangements to support these groups to quit smoking. The emphasis on harm reduction will be greater for people with mental health conditions.

The quality of all providers will be monitored regularly to ensure they are delivering a high quality service and are effective in reducing smoking and health inequalities.

3. Protect priority groups from smoking-related harm

We will focus our efforts on the following priority groups:

- Young people
- People with mental health conditions
- Pregnant women
- People with long term health conditions

Most adult smokers start smoking when they are young, with only a very small percentage taking up the habit after the age of 21. Research demonstrates that almost two fifths of smokers started smoking regularly before the age of 16.[v] Therefore, the long-term success of Smokefree Coventry initiatives is highly dependent on reducing smoking initiation among children and young people.

Children and young people living with adult smokers are much more likely to start smoking than those who live in Smokefree homes[vi], so a key strategy to develop a Smokefree city will be to help parents quit. We will work with schools to reduce the take-up of smoking among young people and better engage with parents who currently smoke.

As an Alliance we will make every effort to reduce the attractiveness of smoking and the accessibility of cigarettes to young people. Encouraging Smokefree environments both within and outside the home will also help to make non-smoking the norm for young people.[vii] Integrating our work with how schools operate and their actions for reducing smoking prevalence in students and parents will be a key area of work.

A number of national interventions will also play a vital role in preventing young people becoming addicted to tobacco. For example, the Heath Act 2009 requires tobacco products to be removed from displays in shops and new legislation around point of sale displays and plain packaging is anticipated. We will work with partners to ensure local outlets fully comply with these regulations and other age-related restrictions.

In Coventry 31% of workers from routine and manual occupations - such as factory workers, cleaners, retail staff, general labours and drivers – smoke. Support for these people will be provided through the stop smoking services, workforce development and work with the business sector.

The Action on Smoking and Health (ASH) briefing document Beyond Smoking Kills[viii] suggests that almost every indicator of social deprivation, including income, socio-economic status, education and housing tenure, independently predicts smoking behaviour. Consequently, individuals who are the most deprived are also the most likely to smoke. These differences in smoking behaviour translate into major inequalities in illness and mortality, inequalities which have deepened over the last thirty years.

Supporting people with mental health conditions is a high priority for the Alliance. Smoking is both common among people with mental health conditions and also increases the lifetime risk of developing a mental health problem. The reduction in the prevalence of smoking among the wider population has not been reflected among people with mental health conditions. Indeed, in mental health units, it has been reported that 70% of patients smoke, with 50% being heavy smokers[ix]. The Alliance will work closely with partners in the public and voluntary sector to develop policies and approaches to reduce the harm caused by tobacco use. New commissioning approaches will be adopted to improve engagement among people with mental health conditions in stop smoking services.

The proportion of pregnant women who smoke in Coventry has been reduced from 15% to 13% (2010/11 to 2013/14)[x]. We will continue to support women through our stop smoking services

and work with a range of partners including midwives, fertility clinics, primary care, pharmacies and others to further reduce the prevalence of smoking in pregnancy.

As respiratory diseases are at a higher than average level in Coventry, it is important for us to support those in this group who smoke, to stop smoking. Nationally, only 58% of people with Chronic Obstructive Pulmonary Disease (COPD)[xi] who were current smokers were offered stop smoking support on admission to hospital. With our hospital now being a Smokefree site, a much higher number of smokers are being offered this support, which will benefit these groups particularly.

There is also an increased risk of fires for those who smoke and have oxygen in the home as this can cause combustion, and therefore the Alliance will work closely with the fire service to ensure these chances are reduced, and people are encouraged to stop smoking. In 2014 there were 39 primary fires in Coventry & Solihull where the source of ignition was recorded as smoking materials therefore this is an important issue for us to continue working on.

Those attending planned surgery that smoke have a higher chance of complications during surgery[xii]. The Alliance will foster links with UHCW to support these people, and others who have planned surgery which is linked to their smoking behaviour.

Approaches to address smoking among these priority groups can only be achieved by partnership working, and we will seek to widen to the membership of the Smokefree Alliance to develop working links.

4. Responding to smoking-related behaviours

In summary, we will:

- Support people to make informed choices about vaping and the use of e-cigarettes
- Monitor and review approaches in relation to Vaping, in light of emerging evidence
- Continue to provide advice and information to the public about the harms of shisha and other tobacco products

The evolution of e-cigarettes in recent years and the anticipated introduction of novel smoking-related products such as 'heat, not burn' tobacco products and nicotine free e-cigarettes has revolutionised the industry and marketplace.

Most e-cigarettes vaporise flavoured nicotine liquids, allowing users to inhale the vapour. While e-cigarettes are not harm-free and there is only limited evidence around the long term impact of e-cigarettes (in particular the impact on longer term smoking behaviours of Vapers), e-cigarettes do offer the opportunity for some people to reduce some of the risks associated with their smoking.

ASH estimates that there are 2.1 million current users of electronic cigarettes in the UK. This number consists almost entirely of current and ex-smokers; of these approximately one third are ex-smokers while two thirds continue to use tobacco alongside electronic cigarettes. There is little evidence to suggest that anything more than a negligible number of never-smokers regularly use the product.

The industry is largely unregulated and currently without any specific British or International standards and, as a result, products vary in style and safety. We will offer greater information to smokers, Vapers and the general public about the relative risks of e-cigarettes to enable people to make informed decisions.

Due to the rapidly evolving nature of e-cigarette products and the developing evidence around their risks and benefits, we will regularly review the content of all communication and approaches in relation to e-cigarettes.

Among some communities – predominantly south Asian and Arab communities – chewing tobacco or smoking shisha is not uncommon and both pose a danger to health. Knowledge of the health impacts of both chewing tobacco and smoking shisha is broadly poor and while the number of shisha bars has fallen in recent years, there remains a need to ensure that communities are aware of the health implications of these practices. In addition we will work with regulatory agencies to ensure that people selling or facilitating the consumption of these products comply with all guidance.

5 Leadership and Workforce Development

In summary, we will:

- Expand the membership of the Smokefree Alliance
- Encourage local leaders to become Smokefree ambassadors
- Actively encourage the take up of 'Making Every Contact Count' training

- Support businesses to adopt Smokefree policies

The Smokefree Alliance, which is well established in Coventry and chaired by a local councillor, will provide a key forum for local partners to come together and take action towards a variety of Smokefree issues.

Coventry's Public Health team will take on secretarial responsibilities for the Alliance and will ensure it continues to be run as an organised, effective and efficient partnership. We will also seek to build upon the Alliance's successes to date, widen membership and facilitate pro-active and innovative steps to reduce smoking prevalence in Coventry.

The Public Health team will work closely with all partners and seek to discover what more partners can do to add value and how stop smoking advice or referrals can be built into organisations' own processes. They will also seek out 'Smokefree Champions' in diverse areas of work and the community to champion the Smokefree Coventry agenda.

The Local Government Declaration on Tobacco Control is a statement of intent providing a commitment to limit the influence that the tobacco industry has over decision making and services. Coventry City Council is a signatory to the Declaration and we will work with other agencies, including NHS providers, to adopt similar commitments.

Smokers' desires to quit often reflect other issues happening in their lives, so it is essential that all staff are proactive at encouraging people to stop smoking at every contact. Therefore, we will actively encourage and promote the take up of 'Making Every Contact Count' training across the NHS local authority and other partners. This training will provide individual staff members with enough information to bring up the subject of stopping smoking, and signpost them to local services.

Through the work of the Alliance we will seek to target a wide range of businesses across Coventry in an effort to reduce smoking prevalence within their workforce. Workplaces will be encouraged to sign up to the national Workplace Health and Wellbeing Charter which provides information on a range of lifestyle behaviours including stopping smoking.

6 Governance and Monitoring

6.1 *Governance*

- The Smokefree Strategy is owned by the Smokefree Alliance
- The Public Health team will provide the secretariat support for the Alliance and ensure close working relationships between partners
- The Smokefree Alliance will meet on a quarterly basis but specific project work will be on-going. Task and Finish Groups will be utilised as required
- The Chair of the Smokefree Alliance will report to the Health and Wellbeing Board

6.2 *Monitoring*

- The Public Health team will meet with all Alliance partners to establish current roles and responsibilities and data flows.
- Improved data collection measures will be introduced in conjunction with regular data reporting in order to improve local intelligence.
- A new Monitoring Framework will be developed to monitor progress against an Action Plan.

7 Next Steps

This overarching framework will shape our future working and will guide a range of innovative and locally developed activities. No one town or city is the same so a 'one size fits all' approach to reducing prevalence is simply not possible.

If we are to radically reduce smoking rates across Coventry we need to ensure that our ideas, activities and marketing campaigns are developed through partnership, are bespoke to the needs of the local population and are based on the best available evidence.

7.1 *Development of an Action Plan*

Following on from the publication of this strategy, the next six months will focus on the development of a 'Smokefree Coventry Action Plan'. This plan will include targets and milestones to benchmark our achievements by.

The Public Health team will liaise closely with all partners to understand current roles and responsibilities in relation to supporting a Smokefree city and in partnership will facilitate a range of activities designed to deliver the objectives set out in the strategy.

Much progress has been made over recent years but smoking prevalence within Coventry is still far too high, particularly in some groups of the population. The publication of this strategy signifies the importance of the continuation to this partnership effort to dramatically reduce smoking prevalence across the city and realise the vision of a Smokefree Coventry.

8 References

[i] The NHS Information Centre (2012) *Statistics on Smoking: England, 20012*
[ii] NICE (2008) *Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities*. NICE public health intervention guidance 10.
[iii] Ash, 2014, Ready Reckoner
[iv] Smoking Cessation in Secondary care http://www.nice.org.uk/guidance/ph48
[v] Office for National Statistics. *Smoking and drinking among adults, 2007* (General Household Survey). ONS, London 2008. www.statistics.gov.uk
[vi] Farkas AJ, Gilpin EA, White MM et al. *Association between household and workplace smoking restrictions and adolescent smoking*. Journal of the American Medical Association 2000, 160: 56-62. (cited by ASH: Beyond Smoking Kills)

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[viii] ASH (2008) *Beyond Smoking Kills: Protecting Children, Reducing Health Inequalities*
[ix] Clearing the Air, King's Fund, http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/clearing-the-air-debating-smoke-free-policies-psychiatric-units-karen-jochelson-bill-majrowski-kings-fund-18-july-2006.pdf
[x] Public Health Outcomes Framework
[xi] Healthcare Quality Improvement Partnership 2015, https://www.rcplondon.ac.uk/sites/default/files/nat_copd_audit_prog_secondary_care_clinical_audit_national_full_report_2014_final_web.pdf

2 [xii] Smoking and alcohol intervention before surgery: evidence for best practice http://bja.oxfordjournals.org/content/102/3/297.full

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18th March 2015

Health and Social Care Scrutiny Board (5)
Work Programme 2014/15

For more details on items, please see pages 3 onwards

30 July 2014
- Coventry and Warwickshire Partnership Trust (CWPT) Quality Account
- West Midlands Ambulance Services (WMAS) Quality Account
- Patient Transport Services
- Follow up to Peer Review of Adult Social Care

10 September 2014
- Coventry Safeguarding Adults Board Annual Report
- Adult Social Care Local Account
- Patient discharge/winter pressures from UHCW
- UHCW Quality Account

15 October 2014
- Public Health – progress since joining the Council
- Learning Disabilities Strategy
- Increased Community Support through Telecare
- Winterbourne

19 November 2014
- Director of Public Health Annual Report
- Sexual Health Services – proposed re-commissioning
- Overview of the Care Act and Coventry's Preparations for when this becomes Legislation
- ABCS Implementation
- Adult Social Care Complaints and Representations Annual Report 2013-14

10 December 2014
- Mrs D – Progress following SCR
- Winterbourne View
- Update on the Care Quality Commission Wave 1 Pilot Inspection

7 January 2015
- Towards Children and Young People's Emotional Health and Well-being

11 February 2015
- Winter Pressures
- Clinical management of large scale chronic diseases

18 March 2015
- Developing a Primary Care System fit for the Future
- Tobacco Control Policy

22 April 2015
- Review of the Health and Wellbeing Board

Date to be determined
- Coventry and Warwickshire Partnership Trust – progress following CQC Inspection
- Social Isolation
- NHS Targets
- Community Mental Health Services
- Increase in smoking in during pregnancy
- Update on Sexual Health Services

Implementation of the Director of Public Health Annual Report recommendations regarding primary care
Patient Transport
Clinical Training
Care Act
Section 117 Policy
Clinical Management of Large Scale Chronic Diseases – Progress reports on pilots
Deprivation of Liberty Implications

Health and Social Care Scrutiny Board (5) Work Programme 2014/15

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
30 July 2014	Coventry and Warwickshire Partnership Trust (CWPT) Quality Account	Tracy Wrench (Director of Nursing)	NHS Provider Trusts are required to produce annual statements of quality and outcomes. The Board has a role in providing a short commentary on progress.	Annual Report
	West Midlands Ambulance Services (WMAS) Quality Account	Anthony Marsh, CEX	The Board has asked to receive a short presentation from WMAS on its Quality Account 2014/15, with commentary on measures being taken to address improvements to targets not achieved. They are also interested to have information about the "make ready" process, its impact on the service and patient care in terms of efficiency, effectiveness and financial considerations.	Annual Report and informal Scrutiny meeting 02/07/14
	Patient Transport Services	Steve Allen/ Clare Hollingworth CCG	Review of progress since the Board discussed at its 5 March 2014 meeting the delayed plans to re-commission Patient Transport Services in Coventry and Warwickshire following concerns raised by Healthwatch. West Midlands Ambulance Service to be invited to attend.	SB5 05/03/14
	Follow up to Peer Review of Adult Social Care	Mark Godfrey	Review of progress on the recommendations arising from the Peer Challenge of Adult Social Care that took place in March 2013, including a focus on personalisation, client centred care and managing the adult social care budget. NB The Peer Challenge report specifically recommended that some increased scrutiny on adult social care such as commissioning, transformation and budget plans, and progress on personalisation would now seem timely and that the Board consider further which adult social care matters should be the subject of scrutiny in its programme for 2014/15.	Recommendations from Peer Challenge
10 September 2014	Coventry Safeguarding Adults Board Annual Report	Brian Walsh / Sara Roach/ Isabel Merrifield	This multi-agency Board is responsible for co-ordinating arrangements to safeguard vulnerable adults in the City. The Annual Report sets out progress over the 2013/14 municipal year and provides members with some data to monitor activity. Representatives of the Safeguarding Board to be invited.	Annual Report

Health and Social Care Scrutiny Board (5) Work Programme 2014/15

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
	Adult Social Care Local Account	Brian Walsh / Mark Godfrey/ Pete Fahy/ David Watts/ Gemma Tate	This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides commentaries from key partners and representatives of users and sets strategic service objectives for the future.	Annual agenda item
	Patient discharge/winter pressures from UHCW	Rebecca Southall (UHCW) / CCG/ ASC	To include review of effectiveness of 2013/14 winter arrangements and preparations for 2014/15. To include CCG, provider organisations and social care.	Annual item
	UHCW Quality Account	Andy Hardy (Chief Executive)	NHS Provider Trusts are required to produce annual statements of quality and outcomes. The Board has a role in providing a short commentary on progress.	Annual Report c/f from 30/07/14
15 October 2014	Public Health – progress since joining the Council	Dr Jane Moore / Ruth Tennant	Public Health transferred from the NHS to the Council in April 2012. A report has been prepared highlighting progress and achievements since the transfer and the Board would like to review this.	Informal work planning meeting 18/06/14
	Learning Disabilities Strategy	Mark Godfrey/ David Watts/ Lavern Newell	To contribute to the planned review of the strategy	c/f from 2013/14
	Increased Community Support through Telecare	Pete Fahy/ Michelle McGinty	To review the delivery of the high level strategy agreed with health partners, with recommendations to be made to CM (Health and Adult Services) on how the delivery of the strategy is progressed. The Board is interested to hear about the impact with regard to the Aylesford and its proposed cessation; and to understand any changes to the impacts identified.	CM(Health and Adult Services) 17/06/14 Cabinet 17/06/14

Health and Social Care Scrutiny Board (5) Work Programme 2014/15

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
	Winterbourne	Pete Fahy/ Jon Reading	To consider the report prior to its sign-off by the Health and Well Being Board in November 2014	
19 November 2014	Director of Public Health Annual Report	Dr Jane Moore / Ruth Tennant/ Tanya Richardson	The DPH has a statutory opportunity to issue Annual Reports which provide a commentary of local public health profiles and priorities. (Depending on focus of the report, this could be considered by Scrutiny Co-ordination Committee instead)	Annual agenda item
	Sexual Health Services – proposed re-commissioning	Dr Jane Moore / Nadia Inglis	The Council's Public Health service is re-commissioning sexual health services for the City in partnership with colleagues in Warwickshire. This will provide an opportunity for the Board to review progress once the new contract has been awarded, including how recommendations made at its 2 April 2014 meeting have been followed up.	SB5 02/04/14
	Overview of the Care Act and Coventry's Preparations for when this becomes Legislation	Mark Godfrey/ Emma Bates	Progress report to be submitted to a future meeting of the Board in six months including information on the financial implications. To include information on the Safeguarding Boards preparedness. (Steve Mangan and Mark Godfrey to attend)	SB5 30/04/14 and 30/07/14
	ABCS Implementation	Pete Fahy	The People Directorate is undertaking a significant programme of transformation affecting local people, the organisation, partners and resources. The Board would like to review progress with implementation and understand the impacts, particularly in relation to the way we have worked with partners.	Informal work planning meeting 18/06/14
	Adult Social Care Complaints and Representations Annual Report 2013-14	John Teahan	To review levels of complaints, the way they are managed and how they are used to learn lessons and deliver improvements.	

Health and Social Care Scrutiny Board (5) Work Programme 2014/15

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
10 December 2014	Mrs D – Progress following SCR	Brian Walsh / Simon Brake	To review progress against the action plan put in place following the Serious Case Review into the death of a vulnerable adult Mrs D, considered by the Board on 18 December 2013.	SB5 18/12/13
	Winterbourne View	Pete Fahy/ Jon Reading	To consider the report prior to its sign-off by the Health and Well Being Board in November 2014 (This items was originally scheduled for October but deferred)	
	Update on the Care Quality Commission Wave 1 Pilot Inspection	Josie Spencer	To provide an update to the Board on progress on the improvements implemented following the Care Quality Commission Inspection.	SB5 April 14
7 January 2015	Towards Children and Young People's Emotional Health and Well-being	Jacqueline Barnes	To consider the report by the West Midlands Quality Review Service into Child and Adolescent Mental Health Service in Coventry and Warwickshire. A number of partner organisations have been invited to the meeting to discuss this report.	
11 February 2015	Winter Pressures	UHCW/CCG/ Social Care	Winter pressures has made headlines throughout January. This is an opportunity to look at how Coventry is coping with winter pressures. UHCW, the CCG and Adult Social Care representatives have been invited to the meeting.	
	Clinical management of large scale chronic diseases	Valerie De-Souza	To review how pathways are being managed in primary care for a range of challenges including diabetes	
18 March 2015	Developing a Primary Care System fit for the Future	Sue Price (Local Area Team) / Ruth Tennant/ CCG	Review of what good primary care looks like and whether different models of provision produce better outcomes. Invite 2 or 3 GP practices and patient panel representatives and Healthwatch in relation to patient engagement. (Needs to link with any Health and Well-being Board work)	c/f from 2013/14
	Tobacco Control Strategy	Berni Lee	To seek approval for the Tobacco Control Strategy – a Cabinet report will be going on 14th April.	Forward Plan

Health and Social Care Scrutiny Board (5) Work Programme 2014/15

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
22 April 2015	Review of the Health and Wellbeing Board		The Board would like to review the effectiveness of the working of the HWBB organisationally and corporately.	SB5 30/07/14
Date to be determined	Coventry and Warwickshire Partnership Trust – progress following CQC Inspection	CWPT	To review progress against the action plan put in place following the Care Quality Commission's review of the Trust, particularly in relation to the enforcement notice and issues relating to Quinton Ward.	SB5 30/04/14
	Social Isolation		The Board would like to understand the extent of social isolation in the city and particularly how this is addressed when people are being supported to live in their own homes. This may involve discussions with representatives of the third sector.	Informal work planning meeting 18/06/14
	NHS Targets		Performance against NHS targets has been raised as a national concern this year, particularly in relation to waiting times for cancer. The Board would like to understand the extent to which targets are being met locally.	Informal work planning meeting 18/06/14
	Community Mental Health Services	Josie Spencer	To provide information to the Board on the services provided through the shared budget of the Better Care Fund in relation to community mental health services and integrated team working.	SB5 10/9/14
	Increase in smoking in during pregnancy			
	Update on Sexual Health Services		To provide an update on sexual health services following the re-commissioning of services for the City in partnership with colleagues in Warwickshire. Suggested that this item is held summer 2015.	SB5 19/11/14

Health and Social Care Scrutiny Board (5) Work Programme 2014/15

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
	Implementation of the Director of Public Health Annual Report recommendations regarding primary care	Dr Jane Moore	The Board would like an update of the implantation of the recommendations contained within the DofPH annual report 2014.	SB5 19/11/14
	Patient Transport		To look at the patient transport service and how well it is serving Coventry residents visiting UHCW.	SB5 19/11/14
	Clinical Training		An item linked to the education sector, including the vocational nature of courses. Consideration to be given to the recruitment and retention of staff.	SB5 10/12/14
	Care Act	Mark Godfrey	To look at the Care Act and understand the possible implications for the Council and Residents.	
	Section 117 Policy	Lavern Newell	To be taken in 2015/16	Forward Plan
	Clinical Management of Large Scale Chronic Diseases – Progress reports on pilots	Dr Jane Moore	Future progress reports on the pilot projects are brought for consideration by the Scrutiny Board as and when appropriate.	SB5 11/02/15
	Deprivation of Liberty Implications	David Watts	To inform the Board of the current position with regards to Deprivation of Liberty assessments.	Forward Plan Jan 15